

**Abe Montoya Recreation Department
Liability Release**

I would like to participate in the City of Las Vegas, Abe Montoya Recreation Department Fitness Program. I understand that the City of Las Vegas's exercise technicians will show me how to work all equipment for the use it was intended for. There is a risk of certain changes that might occur during and following exercise that could include changes in blood pressure and/or heart rate.

I understand that the purpose of the exercise program is to develop and maintain cardio-respiratory fitness body composition, flexibility, and muscular strength and endurance. The exercise technician can design a generalized exercise plan for me and I may choose to have an assessment and exercise prescription by a wellness program of my choice. All programs should involve walking, jogging, stair climbing, cycling and/or strength training. Exercise training and perceived efforts or exertion regulate the rate of progression.

I understand that I am responsible for being aware of my own condition during exercise and should I feel anything unusual, I will stop the exercise and tell the exercise technician on duty of my symptoms.

In signing this liability form I affirm that I have read this form in its entirety and that I understand the nature of the exercise program. I also affirm that the City of Las Vegas exercise technicians have answered my questions about the fitness program to my satisfaction.

I understand that I must obtain a medical clearance from my physician before I may use the equipment. I agree to see my physician and get written permission before I start this exercise program.

Also, in consideration for being allowed to participate in the City of Las Vegas, Abe Montoya Recreation Department fitness program, I agree to assume the risk of such exercise, and further agree to hold harmless the City of Las Vegas and staff members supervising the exercise programs for any claims, suits, losses, or related causes of action for damages including but not limited to such claims that may result from my injury or death, accidental or otherwise during or arising in any way from the exercise program.

Signature of Participant _____ Date: _____

PLEASE PRINT

NAME: _____ D.O.B: _____

Address _____ City: _____ State: _____

Telephone: _____

Physician: _____ Phone: _____

Emergency Contact: _____ Phone _____

**Abe Montoya Recreation Department
Fitness Questionnaire**

PAR – Q & You (for people aged 15-69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people, however, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions below, the PAR-Q will tell you if you should check with your doctor before you start. If you are over age 69, and you are not used to being very active please check with your doctor before you begin an exercise program.

Common sense is your best guide when you answer the following questions. Please read the questions carefully and answer each one with honesty.

Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? Yes ☐ No ☐

Do you feel pain in your chest when you do physical activity? Yes ☐ No ☐

In the past month, have you had chest pain when doing physical activity? Yes ☐ No ☐

Do you lose your balance because of dizziness or do you ever lose consciousness? Yes ☐ No ☐

Do you have a bone or joint problem that could be made worse by a change in your physical activity? Yes ☐ No ☐

Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? Yes ☐ No ☐

Do you know of any other reason why you should not do physical activity? Yes ☐ No ☐

If you answered Yes to one or more of the questions

Talk with your doctor by phone BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered Yes.

*You may be able to do any activity you want as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those that are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

*Find out which community programs are safe and helpful for you.

NO TO ALL QUESTIONS

If you answered No honestly to all PAR-Q questions, you can be reasonably sure that you can:

*Start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.

*take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

I have read and understand this questionnaire. Any questions I had were answered to my full satisfaction.

Name: _____ Date: _____

Signature _____

Signature of Parent (if needed) _____

**Abe Montoya Recreation Department
Physicians Release**

Dear Physician:

_____ has applied for membership at the City of Las Vegas, Recreation Department. We design, upon request, exercise programs at our facility that are easy and become progressively more difficult over time. Criteria for progression are based on the individual target rates and perceived effort of exertion. Qualified personnel will supervise execution of exercise programs.

By completing this form you are not assuming any responsibility for the administration of an exercise program, however, if you know of any medical condition that may hinder the client from performing an exercise program please advise us below.

If you have any questions about the Recreation Departments fitness programs please feel free to contact us at (505) 426-1739.

Physicians Report

_____ I know of no reason why the applicant may not participate in a fitness program.

_____ I believe the applicant may participate, but I urge caution because: (please describe)

_____ The applicant should not engage in the following activities:

_____ I recommend that the applicant NOT participate

Physicians Signature: _____

Date: _____

Physicians Name: _____
(Print)

Address: _____
City State Zip

Telephone: _____